10/01

Sheet 1 of 3

Attorney

 ${\tt Docket\ \bar{No.:}\ COLB-124XX}$

Express Mail Number EV 044749455 US

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

The specification of which (check one):

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL ALIGNMENT OF X-RAY MICROANALYZERS

[X] is attached hereto. [] was filed on _ amended on	as Application No; (if applicable).
[] was filed as PCT International. Appl. No. and was amended under PCT Article 19 on	on, (if applicable).
specification, including the claims, as amended	
I acknowledge the duty to disclose information application in accordance with Title 37, Code of	n which is material to the patentability of this of Federal Regulations $\S1.56(a)$.
	nder Title 35, USC \$119(a)-(d) of any foreign icate listed below and have also identified below 's certificate having a filing date before that or
Prior Foreign Application(s)	Date Filed Priority Claimed
(Number) (Country)	[] [] (Day/Month/Year) Yes No
(Number) (Country)	[] [] [] [] No
(Number) (Country)	(Day/Month/Year) Yes No
I hereby claim the benefit under Title 35, application(s) listed below:	USC §119(e) of any United States provisiona
(Application Number)	(Filing Date)
(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

10/01

Sheet 2 of 3

Attornev

Docket No.: COLB-124XX

I hereby claim the benefit under Title 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979 Charles L. Gagnebin III, Reg. No. 25,467 Victor B. Lebovici, Reg. No. 30,864 Beverly E. Hjorth, Reg. No. 32,033 Holliday C. Heine, Reg. No. 34,346 Gordon R. Moriarty, Reg. No. 38,973 James F. Thompson, Reg. No. 36,699

Address all correspondence to: Customer Number: 207

WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP

Ten Post Office Square Boston, Massachusetts 02109 Telephone: (617) 542-2290 Telecopier: (617) 451-0313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First/Sole Inventor:		
Tzach Rafaeli		
City of Residence	State or Country	Country of Citizenship
Givat Shimshit	Israel	Israel
Post Office Address 44 Yuvalim Street	City Givat Shimshit	State or Country Zip Code Israel
Signature: (Please sign and	d date in permanent ink.)	Date signed: XX Sep/3 1003

Sheet 3 of 3 Attorney Docket No.: COLB-124XX

Full Name of second /Joint	Inventor:		,
Isaac Mazor			
City of Residence	State or Country	Country of Citiz	enship
Haifa	Israel	Israel	
Post Office Address 29 Hague Street	City Haifa	State or Country Israel	Zip Code 34980
Signature: (Please sign and o	ate in permanent ink.)	Date signed:	Aug/25th/2.

Full Name of/Joint Inventor:		
City of Residence	State or Country	Country of Citizenship
Post Office Address	City	State or Country Zip Code
Signature: (Please sign and date in permanent ink.)		Date signed:

Full Name of/Joint Inventor:		
City of Residence	State or Country	Country of Citizenship
Post Office Address	City	State or Country Zip Code
Signature: (Please sign and date in permanent ink.)		Date signed:
x		x